Michigan Department of Treasury (Rev. 7-04)

### **TEST FINAL** 10/22/04

2004 C-8044

#### 2004 MICHIGAN Single Business Tax Simplified Return

Issued under authority of P.A. 228 of 1975.

This form may be used instead of the standard Form C-8000, Single Business Tax Annual Return, if all of the following conditions apply:

- Gross receipts do not exceed \$9,000,000.
- Adjusted business income, after loss adjustment, does not exceed \$475,000 (\$95,000 for individuals).
- No shareholder or officer has allocated income, after loss adjustment, of more than \$95,000. Attach Form C-8000KC.
- No partner has distributive income, after loss adjustment, of more than \$95,000. Attach Form C-8000KP.
- Filer is not a member of a controlled group or entity under common control.
- Filer is not filing a consolidated return.
- Filer is not apportioning business activity.

| 1. This return is for calendar year 2004 or for the following tax year |                     |                           |                               |                            |             | ▶ 5. Federal Employer ID Number (FEIN) or TR Number |  |  |  |  |  |  |
|--|---------------------|---------------------------|-------------------------------|----------------------------|-------------|---|--|--|--|--|--|--|
|  | Beginning Date      | month                     | vear                          | Ending Date                | month       | year  |  |  |  |  |  |  |
| 2. N   | ame (Type or Print  | t)                        |                               |                            |             |   | ▶ 6. If discontinued, enter effective date   |  |  |  |  |  |
|  | DA                  |                           |                               |                            |             |   |  |  |  |  |  |  |
| D  | BA                  |                           |                               |                            |             |   |  |  |  |  |  |  |
| Street Address   |                     |                           |                               |                            |             | 7. Organization Type (check one)                    |  |  |  |  |  |  |
|  |                     |                           |                               |                            |             |   | a. Individual b. Fiduciary   |  |  |  |  |  |
| С  | ity, State, ZIP Cod | е                         |                               |                            |             |   | c. Professional Corp. d. S Corp.   |  |  |  |  |  |
|  |                     |                           |                               |                            |             |   | e. Other Corp. f. Partnership/   |  |  |  |  |  |
| 3. Business start date   |                     |                           | 4. Pr                         | incipal Business Activity  |             |   | g. Limited Liability LLC-Partnership Company-Corporation   |  |  |  |  |  |
|  |                     |                           |                               |                            |             |   | Company Corporation  |  |  |  |  |  |
| _  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
| 8.   |                     |                           |                               |                            |             |   | 8  |  |  |  |  |  |
| 9.   |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
| 10.  | •                   | •                         | •                             | •                          | •           |   | negative number) 10  |  |  |  |  |  |
| 11.  |                     |                           |                               |                            |             |   | C-8000KC, lines 6 & 7 ▶ 11   |  |  |  |  |  |
| 12.  | -                   |                           |                               | _                          |             |   | line 13 12   |  |  |  |  |  |
| 13.  |                     |                           |                               |                            |             |   | <b> 13.</b>  |  |  |  |  |  |
| 14.  | •                   |                           | •                             |                            |             |   | n the instructions 14.   |  |  |  |  |  |
| 15.  | Tax After No        | onrefunda                 | ble Credit                    | ts. Subtract line 14 f     | rom line 13 | 3   | • 15   |  |  |  |  |  |
| 16.  | Overpaymen          | t credited                | from prior                    | year                       |             | 1   | 16   |  |  |  |  |  |
| 17.  | Estimated ta        | x payment                 | s                             |                            |             | 1   | 17   |  |  |  |  |  |
| 18.  |                     |                           |                               |                            |             |   | 18   |  |  |  |  |  |
| 19.  |                     |                           |                               |                            |             |   | 19   |  |  |  |  |  |
| 20.  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
| 21.  |                     |                           |                               |                            |             |   | • 21   |  |  |  |  |  |
| 22.  |                     |                           |                               |                            |             |   | never applies22.   |  |  |  |  |  |
| 23.  |                     |                           |                               |                            |             |   | 23   |  |  |  |  |  |
| 24.  |                     |                           |                               |                            |             |   | PAY > 24   |  |  |  |  |  |
| 25.  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
| 26.  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
| -  |                     |                           |                               |                            |             |   | REFUND 7 26.   |  |  |  |  |  |
| 27.  | Enter the an        | iourit or ov              | еграуттет                     | t on line 25 to be cre     | anea ioiw   | aru   |  |  |  |  |  |  |
| <b>TA</b> 3/   | DAVEDIO DE          | N A D A T16               |                               |                            |             | 100   | EDADEDIO DEOLADATION   |  |  |  |  |  |
| I AX   | PAYER'S DEC         | LAKATIC<br>of periury tha | <b>)N</b><br>t this return is | true and correct to the be | st of my    |   | EPARER'S DECLARATION   |  |  |  |  |  |
| knowleage.   |                     |                           |                               |                            |             | of wh   | I declare under penalty of perjury that this return is based on all information of which I have any knowledge. |  |  |  |  |  |
|  |                     |                           |                               |                            |             | Prepa   | Preparer's Signature   |  |  |  |  |  |
|  | ,                   | •                         |                               |                            |             |   |  |  |  |  |  |  |
| Taxpayer's Signature   |                     |                           |                               |                            |             | Print o   | or Type Preparer's Name Date   |  |  |  |  |  |
|  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
| Print or Type Taxpayer's Name Date                                     |                     |                           |                               |                            | Busin       | Business Address, Phone and Identification Number   |  |  |  |  |  |  |
|  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
| Title  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
|  |                     |                           |                               |                            |             |   |  |  |  |  |  |  |
|  |                     |                           |                               | 1                          |             | 1   |  |  |  |  |  |  |

WITHOUT PAYMENT - Mail return to:



**WITH PAYMENT -** Pay amount on line 24 and mail check and return to:



Michigan Department of Treasury Department 77375 P.O. Box 77000 Detroit, MI 48277-0375 Make check payable to "State of Michigan" and print the FEIN and "SBT" on the front of check. Do not staple check to return.

**Due Date:** April 30 or by the last day of the 4th month after the close of the tax year.

Michigan Department of Treasury (Rev. 7-04)

#### 2004 MICHIGAN SBT Schedule of Shareholders and Officers

C-8000KC

For all corporations claiming statutory exemption or small business credit TEST FINAL

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines. 2. Federal Employer Identification Number (FEIN) or TR Number 1. Name PART 1: SHAREHOLDERS AND OFFICERS - See instruction booklet. Shareholder (including corporation and trust) or officer name (Last, First, Initial) B. Social Security C. If an officer. D. % Time E. % Stock F. % Stock with G. % Stock from col. F less any attribution between 2 Number check here. attribution active shareholders a. b. c. C. d. d. e. e. f. f. g. g. h. h. 🕝 % of stock (not listed above) owned by shareholders who own less than 20% and receive no compensation. % Continue below using same lines a through h references. 100% H. Dividends K. Total compensation and Share of business M. Total shareholder/ I. Salaries, wages J. Employee insurance -used to determine and/or director fees plans, pensions, etc. director fees for officers income/loss officer income -Form C-8000C -add columns K & L. active shareholders and/or shareholders -add columns I & J line 6 x column G. a. a. b. b. c. C. d. d. e. e. f. g. g. h. h. If more space is needed, attach additional C-8000KC forms. Identify each additional form and complete Part 1. PART 2: STATUTORY EXEMPTION - See definition of qualified shareholder in the instruction booklet. 4. Qualified shareholders. Add the number of qualified shareholders from Part 1. 5. Compensation and director fees of ALL shareholders. Add amounts in column K for each shareholder showing ownership in column E. Enter here and on C-8043, line 5 PART 3: SMALL BUSINESS CREDIT - See definition of active shareholder in the instruction booklet. 6. Compensation and director fees of active shareholders. Add amounts in column K for each 

7. Compensation and director fees of officers. Add amounts in column K for each officer who

is not an active shareholder. Enter here and on C-8000C, line 8 or C-8044, line 11 \_\_\_\_\_\_ 7. \_

Michigan Department of Treasury (Rev. 7-04)

## **TEST FINAL**

2004 C-8020

# SBT Penalty and Interest Computation for Underpaid Estimated Tax Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines. 1. Name

| 1. Name  | 2. Federal Employer ID Number (FEIN) or TR Number |    |    |    |    |
|--|---|----|----|----|----|
| PART 1: ESTIMATED TAX REQUIRED FOR THE YEAR                            |   |    | l  |    |    |
| 3. Annual tax from C-8000, line 49, or from C-8044, line 15            |   |    |    | 3  |    |
| 4. Required estimate amount. Enter 85% of line 3. If last year's tax v |   |    |    |    |    |
| less than \$20,000, enter the smaller of last year's tax or 85% of lin | ne 3  |    |    | 4  |    |
| See SBT instruction booklet for exceptions                             |   | Δ  |    |    |    |
| to penalty and interest computation.                                   |   | A. | В. | C. | D. |
| 5. ENTER THE PAYMENT DUE DATES   | 5   |    |    |    |    |
| 6. Divide amount on line 4 by 4, or by the number of quarterly         |   |    |    |    |    |
| returns required. If annualizing, enter the amount from                |   |    |    |    |    |
| Annualization worksheet, line 30                                       | 6   |    |    |    |    |
| CAUTION: Complete lines 8 - 15 one column at a time.                   |   |    |    |    |    |
| 7. Prior year overpayment used on quarterly return                     | l l   |    |    |    |    |
| 8. Amount paid on quarterly return or SUW return                       |   |    |    |    |    |
| 9. Enter amount, if any, from line 15 of the previous column           | 9.  |    |    |    |    |
| 10. Add lines 7, 8 and 9   | 10  |    |    |    |    |
| 11. Add amounts on lines 13 and 14 of the previous                     |   |    |    |    |    |
| column and enter the result here                                       | 11.   |    |    |    |    |
| 12. Subtract line 11 from line 10. If zero or less, enter zero.        |   |    |    |    |    |
| For column A only, enter the amount from line 10                       | 12  |    |    |    |    |
| 13. Remaining underpayment from previous period.                       |   |    |    |    |    |
| If the amount on line 12 is zero, subtract line 10 from                |   |    |    |    |    |
| line 11 and enter the result here. Otherwise, enter zero               | 13.   |    |    |    |    |
| 14. UNDERPAYMENT. If line 6 is greater than or equal to line 12,       |   |    |    |    |    |
| subtract line 12 from line 6 and enter it here. Then go                |   |    |    |    |    |
| to line 8 of the next column. Otherwise, go to line 15                 | 14  |    |    |    |    |
| 15. OVERPAYMENT. If line 12 is larger than line 6, subtract line 12    |   |    |    |    |    |
| from line 6 and enter it here. Then go to line 9 of next column        | 15  |    |    |    |    |
| PART 2: FIGURING THE INTEREST  |   | A. | B. | C. | D. |
| 16. TOTAL UNDERPAYMENT. Add lines 13 and 14                            | 16  |    |    |    |    |
| 17. Enter the due date for the next quarter or the date the tax        | 10.   |    |    |    |    |
| was paid, whichever is earlier. In column D, enter the earlier         |   |    |    |    |    |
| of the due date for the annual return or date the tax was paid         | 17  |    |    |    |    |
| 18. Number of days from the due date of the                            | '''   |    |    |    |    |
| quarter to the date on line 17   | 18  |    |    |    |    |
| 19. Number of days on line 18 after 4/30/2004 and before 7/1/2004      |   |    |    |    |    |
| 20. Number of days on line 18 after 6/30/2004 and before 1/1/2005      |   |    |    |    |    |
| 21. Number of days on line 18 after 12/31/2004 and before 7/1/2005     | 21.   |    |    |    |    |
| 22. Number of days on line 18 after 6/30/2005 and before 1/1/2006      |   |    |    |    |    |
| 23. Number of days on line 19 x x.x% (.058) x amount on line 16        |   |    |    |    |    |
| 366  | 20  |    |    |    |    |
| 24. Number of days on line 20 x x.x% (.054) x amount on line 16        | 24  |    |    |    |    |
| 366  | 24.   |    |    |    |    |
| 25. Number of days on line 21 x x.x% (.05) x amount on line 16         | 25  |    |    |    |    |
| 366  | 20.   |    |    |    |    |
| 26. Number of days on line 22 x *% x amount on line16                  | 26  |    |    |    |    |
| 366  | 20.   |    |    |    |    |
|  | 27.   |    |    |    |    |
| 27. Underpayment of interest. Add lines 23 through 26                  |   |    |    |    |    |

| esti | npute penalty only if paid quarterly return(s) were not filed.<br>mated return was filed or there is a credit available from pr | Do not  | compute pena<br>rterly returns. | Treasury wi     | uarter in which<br>Il review the est | a timely paid<br>imates filed |
|------|---|---------|---------------------------------|-----------------|--------------------------------------|-------------------------------|
|      | l, if necessary, bill for the appropriate penalty.  |         | Α.                              | B.              | C.                                   | D.                            |
| 29.  | Enter the amount from line 14   | 29      |                                 |                 | i                                    |                               |
| 30.  | 1 7   | 30      |                                 |                 |                                      |                               |
| 31.  | Enter the annual return due date or the date payment was  |         |                                 |                 |                                      |                               |
|      | made, whichever is earlier  |         |                                 |                 |                                      |                               |
| 32.  | · · · · · · · · · · · · · · · · · · ·   | 32      |                                 |                 |                                      |                               |
| 33.  | If line 32 is greater than 0 but less than 61, multiply line 29 by 5% (.05)   | 33      |                                 |                 |                                      |                               |
| 34.  | If line 32 is greater than 60, but less than 91, multiply line 29 by 10% (.10)  | 34      |                                 |                 |                                      |                               |
| 35.  | If line 32 is greater than 90, but less than 121, multiply line 29 by 15% (.15)   | 35      |                                 |                 |                                      | - <b> </b>                    |
| 36.  | If line 32 is greater than 120, but less than 151, multiply line 29 by 20% (.2)   | 9       |                                 |                 | l                                    | 1                             |
|      | If line 32 is greater than 150, multiply line 29 by 25% (.25)   | 37      |                                 | 1               | 1                                    |                               |
|      | Add lines 33 through 37   |         |                                 |                 | •                                    |                               |
| 39.  | Total Penalty. Add line 38 columns A through D  |         |                                 |                 | 39.                                  |                               |
| 40.  | Total Penalty and Interest. Add lines 28 and 39. Enter here a   | nd on C | C-8000, line 56 d               | or C-8044, line | e 22 40.                             |                               |
|      | nualization Worksheet   |         | A.                              | В.              | C.                                   | D.                            |
|      | nplete this worksheet if liability is not evenly distributed  |         | First 3                         | First 6         | First 9                              | Full 12                       |
|      | ughout the year.  |         | Months                          | Months          | Months                               | Months                        |
|      | Gross receipts  |         |                                 |                 |                                      |                               |
|      | Business income   |         |                                 |                 | 1                                    |                               |
|      | Compensation  |         |                                 |                 | 1                                    |                               |
|      | Additions   |         |                                 |                 |                                      |                               |
| 5.   | Add lines 2 through 4   | 5       |                                 |                 |                                      |                               |
|      | Subtractions  |         |                                 |                 | 1                                    |                               |
| 7.   | Tax base. Subtract line 6 from line 5   | 7       |                                 |                 | 1                                    |                               |
|      | Apportionment percentage from C-8000H   |         |                                 |                 | +                                    |                               |
| 9.   | Apportioned tax base. Multiply line 7 by line 8   | 0.      |                                 |                 | 1                                    |                               |
|      | Recapture of capital acquisition deduction from C-8000D1  |         |                                 |                 |                                      |                               |
|      | Business loss deduction1  |         |                                 |                 | 1                                    |                               |
|      | Statutory deduction, if available1  |         |                                 |                 |                                      |                               |
|      | Adjusted tax base. Add line 10 and subtract lines 11 and 12   | ۷.      |                                 |                 |                                      |                               |
|      | from line 7 or 9, whichever applies1  | 3       |                                 |                 | 1                                    |                               |
| 14.  | Reductions to tax base from C-8000S1  | J       |                                 |                 |                                      |                               |
|      | Taxable amount. Subtract line 14 from line 131  |         |                                 |                 |                                      |                               |
|      | Tax rate1   |         |                                 |                 | 1                                    |                               |
|      | Tax before credits. Multiply line 15 by line 16   |         |                                 |                 |                                      |                               |
|      | Tax after Investment Tax Credit1  |         |                                 |                 |                                      |                               |
|      | Standard small business credit from C-8000C or C-8009   |         |                                 |                 |                                      |                               |
|      | Subtract line 19 from line 182  |         |                                 |                 |                                      |                               |
|      | Alternate tax from C-8000C, C-8044 or C-80092   |         |                                 |                 |                                      |                               |
|      | Unincorporated/S Corporation credit2  |         |                                 |                 |                                      |                               |
|      | Other credits from C-8000C or C-8000MC  |         |                                 |                 |                                      |                               |
|      | Net tax liability. Subtract lines 22 and 23   |         |                                 |                 |                                      |                               |
|      | from line 20 or 21, whichever applies2  | 4       |                                 |                 |                                      |                               |
|      | Annualization ratios2   |         | _                               | _               |                                      | _                             |
|      | Annualized tax. Multiply line 24 by line 252  |         |                                 |                 | 1                                    |                               |
|      | Applicable percentage2  |         |                                 | 1               |                                      |                               |
|      | Multiply line 26 by line 272  |         |                                 |                 | 1                                    |                               |
|      | Enter the combined amounts of line 30   | J       |                                 |                 | İ                                    | 1                             |
|      | from all preceding columns2   | a       |                                 |                 |                                      |                               |
|      | ESTIMATE REQUIREMENTS BY QUARTER  | J       |                                 |                 |                                      |                               |
|      | Subtract line 29 from line 28. If less than zero, enter -0  |         |                                 |                 | 1                                    |                               |
|      | Enter here and on C-8020, line 63   | 0       |                                 |                 |                                      |                               |
|      |   | v. L    |                                 |                 | ı                                    | İ                             |

NOTE: Totals on line 30 must equal 85% of the current year tax liability on page 1, line 3.